



APPLICATION INSTRUCTIONS FOR THE WEST LAFAYETTE FIRE DEPARTMENT

The City of West Lafayette Fire Department is initiating its hiring process and will be accepting WLFD Employment Applications and related documents through February 17, 2017.

The application and qualification process includes several steps designed to fully examine your abilities and interest in a career in the fire service industry. The following information is provided so that you may know exactly what is expected on the application.

Your completed employment application is just one piece of the application *packet*. Please **submit a cover letter** with your application stating why you are interested in becoming a firefighter for the City of West Lafayette and highlighting your qualifications. A complete *packet* must include the following items:

- Cover Letter
- Birth Certificate
- Valid Driver's License
- High School Diploma or G.E.D. If unavailable, copy of transcripts showing "date of graduation" is required.

If applicable:

- College Diploma AND Transcripts. Include transcripts for all colleges attended, regardless of graduation status.
- Military Discharge Form DD214
- Firefighting Certifications
- Emergency Medical Certification
- Other Relevant Certifications

Only the applicants who return a complete application *packet* to Human Resources (711 W. Navajo Street, located in the Police Department Building) by 4:00 p.m. on **Friday, 2/17** will be allowed to continue in the hiring process. If you did not comply with the above directions or have anything missing from your *packet*, you will no longer be considered for employment. However, you may re-apply in the future. There will be **NO EXCEPTIONS**.

Note: The Candidate Physical Ability Test (CPAT) is a minimum requirement for the position of Firefighter. If you have a CPAT card dated July 2016 or after, you may include a copy along with your application packet. If you need to obtain a CPAT card or have one renewed, contact Jennifer Burton, Emergency Services Education Center (ESEC) at 317-988-7703 to schedule a test. You may visit www.indyfiretraining.com for additional information or to register. You will be expected to have a CPAT card by April 12, which is the anticipated conclusion of the hiring process.

Please direct all questions to Diane Foster, Human Resources Director, at dfoster@wl.in.gov or 765-775-5108.

Sincerely,

The West Lafayette Fire Department Hiring Committee



APPLICATION FOR EMPLOYMENT

West Lafayette Fire Department

Completed application **MUST** be returned to: Human Resources Department,
711 W. Navajo Street, West Lafayette, IN 47906 by 4:00 p.m. on February 17, 2017.

An Equal Opportunity/Affirmative Action Employer
(Only completed applications will be accepted.)

Date of Application _____

Name: _____
Last First Middle

Current Address: _____
Street City State Zip

Phone: () _____ *E-mail _____
*All future communication will be sent via email so please write your address legibly.

Previous Address(es):

_____ How long? _____
Street City State Zip County

_____ How long? _____
Street City State Zip County

_____ How long? _____
Street City State Zip County

Social Security # _____ (Your Social Security number is requested to facilitate record keeping. You have the right to refuse to provide your S.S. number on this form without penalty.)

Have you submitted an application with the West Lafayette Fire Department before? Yes ☐ No ☐
If yes, provide date(s) _____

Do you have any relatives who are employed by the West Lafayette Fire Department? Yes ☐ No ☐
If so, whom? _____ Relationship _____

Your driving record will be considered in determining your suitability for employment.

Driver's License Number: _____ State _____ Expiration Date _____

Have you ever pled "guilty" or "no contest" to, or been convicted, of a crime? Yes ☐ No ☐

If yes, please provide date(s) and details _____

Have you ever been fired from a job or had a work history that your employer considered unsatisfactory?

Yes ☐ No ☐ If yes, explain _____

Have you ever started a fire with the intent to cause harm? Yes ☐ No ☐

If yes, please explain _____

Indiana law requires that in order to be appointed to a fire department, an applicant must be a U. S. citizen, be a high school graduate or equivalent, be at least 21 and less than 36 years old (age requirement *may* not apply to a person who has been previously employed as a member of INPRS with another fire department) and not have a felony conviction on his/her record.

Do you meet these requirements? Yes ☐ No ☐

This position requires you to work 24-hour shifts, including holidays and most weekends. You are also required to retain telephone service and be willing to report for duty on scheduled days off when an emergency warrants.

Are you willing to meet the attendance requirements of this position? Yes ☐ No ☐

This position requires that your conduct and appearance while on and off duty be professional and held to a high standard. Are you willing to meet this character requirement? Yes ☐ No ☐

This position requires that your primary residence be within Tippecanoe or a contiguous county. Are you willing to meet this residency requirement? Yes ☐ No ☐

This position requires that you possess, or are willing to obtain, State of Indiana certifications in firefighting and emergency medical care. Are you willing to maintain these certifications? Yes ☐ No ☐

EMPLOYMENT EXPERIENCE

May we contact your present employer?

Yes ☐ No ☐

Are you on lay-off and subject to recall?

Yes ☐ No ☐

Starting with your present or last job, please indicate your employment history. Attach a separate sheet if you need more space.

Employer _____	(____) _____ Telephone
Address _____	
Job Title _____	Dates from: _____ to: _____
Summarize nature of work performed and job responsibilities _____ _____	
Immediate Supervisor and Title _____	
Reason for Leaving _____	
May we contact for reference?	Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>

Employer _____	(____) _____ Telephone
Address _____	
Job Title _____	Dates from: _____ to: _____
Summarize nature of work performed and job responsibilities _____ _____	
Immediate Supervisor and Title _____	
Reason for Leaving _____	
May we contact for reference?	Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>

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Employer _____	(____) _____ Telephone
Address _____	
Job Title _____	Dates from: _____ to: _____
Summarize nature of work performed and job responsibilities _____ _____	
Immediate Supervisor and Title _____	
Reason for Leaving _____	
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>	

EDUCATIONAL BACKGROUND

List last three schools attended, starting with the most recent.

School	No. of Years Completed	Degree/Diploma	Major/Field

MILITARY SERVICE

CERTIFICATIONS

VOLUNTEER ACTIVITIES

REFERENCES

List name and telephone number of three business/work references. Do NOT list relatives or previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known	Relationship

ADDITIONAL INFORMATION

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, color, religion, national origin, ancestry, age, handicap, disability, sexual orientation, or protected activity.)

Organization	Offices Held

SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS

List any special accomplishments, publications, awards. (Exclude memberships which would reveal sex, race, color, religion, national origin, ancestry, age, handicap, disability, sexual orientation, or protected activity.)

ADDITIONAL INFORMATION

List any additional information you would like us to consider.

FIREFIGHTER APPLICATION AGREEMENT

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand and agree that in compliance with the City's drug and alcohol testing policy for employees, I may be asked to submit to random alcohol and/or illegal drug testing prior to starting my employment with the City and/or during the course of my employment. I also understand that positive test results may have an adverse affect on my employment with the City.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, subject to the requirements of federal and state law. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Signature of Applicant,
indicating acceptance and understanding

Date